

# LIHWANGI

## Towards An HIV-Free Generation

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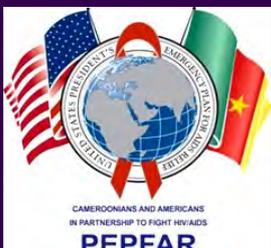
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### LCI: Four Years of Effective Community Participation



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## HIV FREE SW II LIHWANGI NEWSLETTER

A monthly publication of the HIV Free SW II Project Team.

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# WELCOME

## GOALS AND STRATEGIES OF HIV-FREE PROJECT

**Project Goal:** To reduce HIV-related morbidity and mortality for infected individuals through comprehensive, high-quality integrated and innovative HIV testing programs, optimized care and treatment program for adults, children, and pregnant women (Option B+), building on the successes of PEPFAR support in the HIV-Free Project in the NW and SW regions of Cameroon.

Strategy 1:  
HIV Case identification  
& linkages

Strategy 2:  
HIV  
Treatment

Strategy 3:  
Adherence,  
and Retention

Strategy 4:  
Data Management  
and Quality  
Improvement

### Cross cutting approaches:

**Cross-cutting Implementation Approaches:** Coordination and joint supervision  
Promote Task shifting and onsite mentorship.

With initial focus on the Northwest and Southwest, these strategies and approaches will enable the attainment of the following specific objectives:

1. Increase HIV case identification to identify 90% of those living with HIV, linkage to care and treatment, and 90% ART coverage of HIV infected adults, pregnant women, and children in health facilities and communities.
2. Improve adherence support, retention in care and viral load uptake to achieve 90% VL suppression for HIV infected adults, pregnant women and children.
3. Improve M&E systems and promote the use of strategic information for program improvement.
4. Strengthen the health system to support delivery of high quality and sustainable HIV related services within facilities and communities.



## EDITORIAL

**Prof. Tih Pius Muffih**

**Project Principal Investigator**



were held in search of the magic solution strategy that could help turn the tides around; staff carefully deployed to the field, evaluation and re-evaluation sessions multiplied to ensure that only the best (cost effective with highest yield) approaches were used.

Although the Acceleration period came to an official end on September 30, our teams have continued their “*Lihwangi*” (race) with same steam and passion; aiming to improve performance towards targets each day to meet FY1

cumulative target.

I want to specially appreciate all of you for your resilience, hard work and sense of innovation demonstrated during this period. Thank God for His abundant grace. I encourage you all to keep working with a “*Lihwangi*” attitude so that we may all rejoice in the result at the end.

Happy reading!

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**C**BCHB successfully started HIV-Free Project II despite the uncertainties and extensive revision of the initial application as was reported in the Q1 editions of *Lihwangi* e-newsletters. Since April 1, 2017 our teams have been at work to ensure the attainment of targets.

The context of work was particularly charged and to a limit, tensed due to the specter of possible project cancellation in case CBCHB performances in the Littoral and Center regions were decimal; that is, below CDC expectation.

Consequently, it did not take long for the rush fever that had already gripped the Littoral and Center regions to spread and become a somewhat generalized epidemic in all four CDC/PEPFAR regions under CBCHB. The Acceleration period led to the same effort medics have when a client is brought into an intensive Care Block Here, it is usually a matter of the right balance between speed, efficiency and effectiveness. Similarly, project meetings



## ON THE FIELD

### IPT Administration Scaled Up to 31 Care and Treatment Centres in SW



*Photo: Banlack Ernest*

#### *Cross Section of Participants During the IPT Training*

**T**uberculosis and HIV co-infections are a public health concern. From January 2017, Isoniazid Preventive Therapy (IPT) was piloted in four sites that is Baptist Hospital Mutengene, Tiko Central Clinic, Regional Hospital Limbe and Regional Hospital Buea; all of which are TB treatment Centres in the Southwest Region of Cameroon. The drug used for this purpose is Isoniazid (INH). INH is a prophylaxis given to newly diagnosed HIV clients initiating ART who screen negative for TB. It is given to the client for six months to stop them from developing active TB. The scale up of IPT to care and treatment centres is a WHO recommendation adopted by the Ministry of Public Health.

As a technical partner, the HIVF SW II project stepped in to scale up the activity in the region.

In this regard, a one-day working session was organised to scale up the number of sites administering INH from 4 to 31. It is worth noting that strengthening of HIV/TB collaborative activities is one of the prime focus of the HIVF SW II Project

The 31 sites were divided into two groups to facilitate learning. The participants were mentored to understand the TB/HIV co-infection, TB intensive case finding in PLHIV, provision of IPT to children, adolescents and adults, how to follow up patients on IPT for better adherence and completion of IPT. Preservation of the drugs and proper documentation and reporting on IPT service provision was one of the key issues handled. The sites were expected to kick start activities immediately after the meeting .



## ON THE FIELD

They were asked to; retest HIV negative TB patients at three and six months of TB treatment, send reminder messages on retesting to all HIV negative TB patients, promote systematic INH (Isoniazid) administration in all TB negative, newly tested HIV positive patients initiating ART and support adherence to INH prophylaxis,

integrate retesting for HIV with refilling appointments of TB patients and to provide systematic clinical TB screening for all HIV clients on ART during refills. The different sites left the meeting with knowledge, drugs from South West Regional Fund for Health Promotion (SWRHP) and tools for effective implementation of the IPT. \*\*\*\*\*

### **Clinicians and APS of Newly Created C&T Centres Trained on Clinical and Psychosocial Care for Better Outcomes**



Photo: Namondo Ewane

#### **Facilitator Helps Participants Plot Infant Growth Graph**

In July 2017 some 13 Option B+ sites were upgraded to Care and Treatment Centres. Haven trained some service providers in other care and treatment centres, school nurses and head of orphanages of the South West Region on paediatric care and psychosocial counselling, the HIV Free SW II Project saw it imperative to organise the workshop with the

new sites to keep them on the same page and for better outcomes. The session with clinical care and psychosocial support for children living with HIV had a total of 34 participants who were made up of clinicians (doctors, nurses and midwives) and psychosocial counsellors known in its French acronym as APS working in 10 out of the 13 newly created



## ON THE FIELD

Care and Treatment Centres not yet equipped in management of Children Living with HIV (CLHIV). It ran through May 14-18, 2018 took place at the CBC Health Services Complex Mutengene. The main objective was to school service providers on the global management of CLHIV. From identification of CLHIV, ART administration creation and running of children's corners and age adopted children clinics as well as providing counselling and psychosocial support to CLHIV including HIV status disclosure and adequate adherence.

The HIV and ART uptake for the 10 sites invited for the workshop were projected showing the gap with few positive children initiated on treatment. Dr. Atanga Pascal, C&T Advisor during the training reiterated that the identification of children/adolescents 0-19 years with HIV, putting them on ART and moving them to viral suppression is imperative to reach the 90-90-90 and improve children's survival. It is hoped that with the five days session, data in paediatric care services will take a positive trend. \*\*\*\*\*

### HIVF SW II Institutes Data/Financial Weekly Meetings to Check Loopholes

After the regional progress review meeting by the central administration on the May 7, 2018, it was observed that the achievements of project indicators were not yet up to expectation. As one of the remediation strategies, the senior management team instituted the weekly monitoring of all indicators with relation to finances spent. During these weekly monitoring meetings, the M&E the office synthesizes data for week while the compliance officer compiles expenditures.



Photo: Banlack Ernest

#### *Management in Conference Call in one of the Review Sessions*

This is a forum where data is reviewed in relation to finances spent, in comparison to the target for the week. Every out layer identified both in data or finances is noted and followed up with site mentors for rectification. At the end of every session, feedback is generated and given to site mentors for follow up. In the same light, senior management

team in a weekly compliance call meets with all regional stakeholders to review feedback from four regions. From these meetings, the management team takes informed decisions on how to better strategize to meet the set targets. Program areas that are not been spent on or over spent on are identified and adjustments made. \*\*\*\*\*



## ON THE FIELD

### Local Capacity Initiative Project Close Out Activities in Spotlight



Photo: Namondo Ewane

#### *Traditional Leaders of Bangem Health District Attending the Dissemination of LCI Activities*

The Local Capacity Initiative (LCI) was born to strengthen the capacities of councils, district authorities to ensure sustainability of health in the community. The project made several interventions in the 5 health districts which had low ANC and PMTCT uptake with positive outcomes. After four years of strengthening community participation to build a strong health system in the implementing districts, the project officially closed on March 31, 2018. The LCI Project carried out diverse activities towards its close out such as health fairs, scaling up of hygiene and sanitation to 15 more councils amongst the others highlighted here.

**LCI Disseminate Activities to District Stakeholders:** The Local Capacity Initiative project (LCI) brought together district stakeholders to disseminate the activities and interventions of the project in their respective districts. Specific interventions were on advocacy, outreach, income

generating activities (IGAs), material and equipment support to health facilities, and health fairs.

The stakeholders were appreciative of LCI support to their communities. Some health facilities and districts testified of the benefits they have had thanks to the LCI. The HIVF SW Manager Dr. Atembeh, noted that apart from the IGA activities, outreach programmes support, the LCI has capacitated the stakeholders through different trainings and workshops to impact them with knowledge and skills to ensure sustainability of services after the LCI Project.

**Stakeholders Make Commitment to Support Health:** The project brought together local stakeholders to propel them to take ownership in supporting health issues of their communities. While reminding them of their roles, the participants were drilled on the National health challenges and priorities, LCI Project achievements and lessons learned.



## ON THE FIELD



Photo: Namondo Ewane

while the council discussed strategies to sustain health activities in their different municipalities.

Knowing that with little seed money much can be achieved, the councils agreed to allocate funds to support health activities.

### **Sub Director Lauds CBCHS Landmark Achievement in Revitalizing the Dialogue structure**

Present at the regional forum was the sub director of Primary Health Care Dr. Maltida Manjo and Head of Unit in charge of Community Participation Mrs Nkwa Elisabeth all from the Ministry of Public Health in Yaounde. Dr. Matilda commended the CBCHS for taking the lead in strengthening health as she left the forum with some points which will be looked at closely. One of those is the revitalization of the dialogue structure one of the landmark achievements of LCI in the area of advocacy. The forum had many key lessons to propel the stakeholders' to actions. Meanwhile, the Principal Investigator (P.I) noted that services implemented at the root will rarely face resistance. He charged stakeholders to initiate services/decisions at their local level and not wait for government. This came when the Mayor of Eyumojock lamented over the ravaging effects of Tramadol drug abuse by the youthful population. DMOs were enjoined to attend council sessions where they can make suggestions to the health of their communities. The councils and the Dialogue structure went into groups to discuss on

### **LCI Chart Sustainability Plan with Traditional and Religious Leaders:**

The project invited traditional and religious leaders to chart a way forward to ensure sustainability of activities after the project. Stating the purpose of the meeting, the Manager of the HIVF SW II Project said that his greatest desire is to see that LCI's promoted activities do not die down after the project.

He said that the chiefs/religious leaders as custodians of culture have a role to ensure continues services uptake in health facilities located in their chiefdom/parishes/fields. The traditional and religious leaders were reminded of their role in health in the community. They were also encouraged to intensify strategies to improve on health generally and increase uptake of health services in the health centres some of which were; to place injunction to make sure home deliveries are abolished, intensify collaboration between the community and health facilities and also for them to monitor health facility personnel and take appropriate actions to ensure quality services amongst other roles.



# PRACTICES

## Using Health Fairs to Empower Health Facilities Showcase and Improve Service Uptake

By the year 2014, many health facilities in the South West Region suffered from very low utilization of health services by the inhabitants of the communities in which the health facilities operated. This was because, many inhabitants of the communities were ignorant of the various health services their health centers were offering and the lack of ownership of the health facilities. The results of such ignorance was disastrous as many died from infectious diseases that could easily be treated at their health facilities. Good examples of such one-time abandoned health facilities are CMA Wabane, and Ajayukindip Integrated Health Center.

### LCI Intervention and the Concept of Health Fairs

- With an in depth understanding of what the health facilities experienced as regards low services uptake and lack of ownership of the health facilities; the Local Capacity Initiative (LCI) Project conceived and instituted health fairs in their 5 implementing districts. A health fair is a large event during which health facilities showcase their health services to the community in a bid to increase their services uptake subsequently at the health facility. To ensure sustainability of such events, the health fairs were organized in collaboration with the Health centres and the local councils.
- For a period of four years, the LCI Project intentionally empowered its five implementing health districts of the SWR technically and financially to organize health fairs so as to showcase their services to the public for better utilization of their health facilities. Through the financial empowerment, the health care providers sensitized and mobilized their communities through their Dialogue Structures/Management Committees towards attending the health fairs which were organized at district levels.

- To ensure the attainment of objectives, the LCI purchased and made available some test kits to facilitate Voluntary Counseling and Testing (VCT). They bought and made available for use during health fairs other health center equipment including scale, blood pressure machine, glucometer and other vital signs equipment.

On the part of the communities through their various councils, their contribution was to ensure the provision of canopies, chairs, and venues for health fairs while the district teams supported with all the health service providers needed for the success of the activity. During an ideal health fair, the communities benefit from free health services except drugs where required. Activities during such events included general consultation, laboratory services, HIV testing and counseling, ANC services, family planning, and sometimes eye screening for all in need. The health facilities showcase their services and referrals are made to the facilities thereby encouraging utilization of the center.

### Service Uptake by Community Members at Health Fair

Since its implementation in 2015, service uptake by various communities in each of the five districts has consistently increased with very few exceptional cases. The graph below shows health fair activities for the past years 2015-2018. During 2015, 2016 and 2018 health fairs, a total of 21900 persons were sensitized for HIV in the communities. A total of 5336 persons were screened for HIV infections with a total of 66 positive cases; all of which were immediately referred to some treatment centres located closer to them for linkage to care. Meanwhile, during general consultations, a total of about 1024 were screened for malaria with 62 cases diagnosed malaria positive and treatment offered.



## MY STORY

### Outreach Services Saves Lives: The Case of Njume Severine



**S**everine is a 19 year old girl of Ngongmin in Muambong Health area of the Bangem health District. She is first in a family of four under the care of their mother; a widow. She had suffered pain from appendicitis since 2015 and got no solution to her problem. She had been buying 'pain killer' tablets from road vendors to control the pain. The pain will sometimes be excruciating but the remedy was never immediate.

*“Every time the pains come, I will cry all night. Hence my parents too won't be able to sleep at all. I sometimes stayed home for over a week without going to school. I couldn't even help my poor mother in the farm”* 19 year old Severine explained her ordeals.

The family wanted Severine to go to Bangem District Hospital for echography to ascertain the cause of the pain. With limited finances, the family could not even pay for her transportation and possible surgery. The financial constraints of getting a surgery done and most especially out of their community was expensive for Severine and family which only landed her going back to pain killers to relief her of the pain.

Severine was one of the many persons that were saved by Muambong Integrated Health Centre outreaches in the community like Muanken, Yamba, Ngongmin amongst others. The outreach package included registration of ANC1 and other ANC services, family planning, general consultation, Voluntary Counselling and Testing (VCT), vaccination and surgery where the need arose.

It was during one of such outreach campaigns to Ngongmin that the team consulted Ms Severine; who was suffering from a protracted stomach ache. Prior to

this visit, Severine had been living on “*Pain Killer Tablets*” for over two years. Due to limited finances, her family could not raise money for her transportation and medical bills at the District Hospital Bangem for proper consultation and treatment.

When Ms. Severine complained to the medical personnel, the latter suspected the pain to be appendicitis. She was then booked for a surgery among several surgical cases diagnosed in the field. Thanks to the cordial dialogue with the District Medical Officer (DMO) for Bangem; surgical procedures were conducted at Muambong Integrated Health Centre, beginning April 2017. Severine was one of the beneficiaries.

*'At last, I was relieved of my pain at an affordable cost; at a facility not far from home. I no longer feel the on- and-off pain, and my classes are not disturbed due to any pain. I can go to the farm now; which is our main source of livelihood. I wish to plead that the health centre should continue with these outreach activities so that more people like me will be saved.'* \*\*\*\*\*



## ROLE MODEL

### Chief Ukpa Motiti Daniel, Custodian of Tradition



**C**hief Ukpa Motiti Daniel II is the traditional leader of Illor Balondo, Ekondo Titi Sub Division, SW Region of Cameroon for the past 18 years. The 62 years old husband and father of four had his elementary education at Saint Mary Catholic School Ikasa in Ndiang division. Thereafter he enrolled with the Government Teacher's Training College Ikorasa Calabar in Nigeria where he obtained Teachers Grade II Certificate. He continued his education in the Teacher's Training Institute Kaduna where he obtained NCE (a certificate that is above teachers grade I but below a degree). He returned to Cameroon to serve his people as a professional teacher before being crowned traditional custodian of his culture.

Seeing the health needs of his community, in 1997, Chief Ukpa joined other notables to apply for the Illor Integrated Health Centre which was approved in the year 2000. He mobilised his community contribute and buy drugs and beds for the health centre to begin service provision before the government supplied bed and drugs.

The HIV Free SW Project's orientation of traditional leaders play crucial role in the health of their population in 2016/2018 in which Chief Ukpa Motiti took part in was a springboard for him to effect memorable footprints in his community in the aspect of health.

The traditional custodian has used his office to galvanise through which he instituted new laws against home deliveries and failure to attend ANC with various sanctions to defaulters. The chief has also been a pivot for community participation in health and health system strengthening as he mobilised the community into contributing and buying of chairs and benches for use at the health facility during ANC as well as employed a community paid nurse, housekeeper and yardman.

The response of the inhabitants and indigenes has been positive, since the population have been sensitised on the importance of good health. The Chief of Centre noted that there is some improvement in ANC attendance as the women sit conveniently during ANC. There are limited home deliveries which the defaulters have been fined. Some of the challenges of the health Centre like no means of movement for staff to effectively do outreach activities in the maritime area under the health centre and no lab technician are some of the worries of the health minded traditional authority.

Chief Ukpa's main drive has been to ensure good health for his population and that the service providers at the health centre feel comfortable and offer quality services. *"All I am doing is not my individual effort; but it is with the collaboration of my notables. When they bring any problem within my reach; I handle it and direct others to the highest authority"* The traditional leader revealed that his greatest desire is to have the health centre upgraded to manage other health issues so that his community is ultimately protected from some treatable ailments. In fact, HRH Chief Ukpa Motiti Daniel II is worth emulating by his fellow traditional leaders. \*\*\*\*\*

# On the Road to 90-90-90



## CBC HEALTH BOARD

“HIV is just like any other disease; get tested and get treated”

Prof. Tih Pius Muffih, Project Principal Investigator.

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